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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2003.

David H. Bankman 7/3/03
David H. Bankman, Reg. No. 40,532 Date

4/A
TL 7/15/03
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JUL 14 2003
GROUP 1700

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David Hardy
Serial No.: 10/021,400
Filed: October 30, 2001
Group Art Unit: 1734
Confirmation No.: 3637
Examiner: Tadesse, Yewebdar T.
Title: **ADJUSTABLE GUIDE**
Our Ref. No.: NOR-1021

Cincinnati, OH

July 3, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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GROUP 3600

AMENDMENT

In response to the Office Action mailed on April 7, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



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David H. Brinkman
David H. Brinkman, Reg. No. 40,532

7/3/03
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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. ☐ Small Entity status is claimed.
☒ Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	8	MINUS	20	= 0	x \$9	\$0	x \$18	\$0
INDEP.	3	MINUS	4	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135	\$0	+ \$270	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$0

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

 X No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

- (a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

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	Extension (months)	Fee for other than small entity	Fee for small entity
___	one month	\$ 110.00	\$ 55.00
___	two months	\$ 410.00	\$205.00
___	three months	\$ 930.00	\$465.00
___	four months	\$1,450.00	\$725.00

___ Attached is a check in the amount of \$___ for the three month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee paid thereof of \$___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$___.

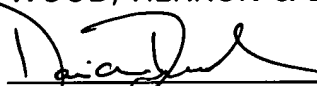
OR

(b) XX Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.



David H. Brinkman
Reg. No. 40,532

2700 Carew Tower
441 Vine Street
Cincinnati, Ohio 45202
(513) 241-2324 - Office
(513) 421-7269 - Facsimile

K:\NOR\1021\amend transmittal.wpd